

**FACULTY OF HEALTH SCIENCES
DEPARTMENT OF NURSING SCIENCE**



PROGRAMME : NURSING SCIENCE 2: FAMILY HEALTH NURSING SCIENCE AND MIDWIFERY

SUBJECT : MODULE 3: PROBLEMS DURING PREGNANCY AND THE NEONATAL PERIOD
MODULE 4: PROBLEMS DURING LABOUR AND THE POSTNATAL PERIOD (VPK2B30)

CODE : VPK2B30

DATE : NOVEMBER EXAMINATION 2016

DURATION : 3 HOURS

WEIGHT : 50:50

TOTAL MARKS : 100

EXAMINER : 1. MRS JML MALESELA
MODERATORS : 1. PROF AGW NOLTE
2. DR R. PHALADI-DIGAMELA (SMU)

NUMBER OF PAGES : THIS PAPER CONSISTS OF FOUR (4) PAGES

INSTRUCTIONS : ANSWER ALL QUESTIONS.

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QUESTION 1

The Saving Mothers 2011-2013 report has clearly identified three conditions that contribute to the majority of preventable maternal morbidity and mortality rates in South Africa. The National Committee for Confidential Enquiry into Maternal Deaths (NCCEMD) summarised its recommendations into five key points.

1.1 Identify four (4) key points and give an example of a recommendation of each key point identified (**Credit = half (½) a mark for identification and one (1) mark for the correct recommendation**) (6)

1.2 Differentiate between the definitions of the following the three (3) types of abortions. (3x1)=(3)

1.2.1 Threatened

1.2.2 Incomplete

1.2.3 Missed

1.3 Discuss the role and responsibilities of midwives in abortion-related care. (7)
***[16]**

QUESTION 2

Mrs. G is 27 years old, G1 P0 and is 16 weeks pregnant. She presents at the antenatal clinic at a district hospital with the concern that she has been feeling sick and has persistent vomiting. She has heard all the horror stories of pregnancy and require help from the midwife. On physical examination, Mrs. G had a Blood Pressure of 100/60 per mmHg, Pulse of 80 beats per minute while sitting, and 95 beats per minute when standing. Her urine is dark yellow in colour.

2.1 Define the most probable early pregnancy related health problem of Mrs G. (1)

2.2 Discuss the specific management of the most probable early pregnancy related problem defined in 2.1. (13)

***[14]**

3/...

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QUESTION 3

An estimated one million infants are born annually in South Africa. About 60 000 infants are born with severe birth defects.

- 3.1 Identify the two (2) main causes of birth defects. (2x½)=(1)
- 3.2 Describe the measures to assist the mother who is breastfeeding a full term infant with upper cleft lip and palate. (14)
- 3.3 Describe the responsibilities of a midwife counselling parents of an infant with a birth defect(5)
*[20]

QUESTION 4

An unbooked 18year old primigravida at 38 weeks gestation is admitted in the labour ward at a Community Health Centre with eclampsia, a blood pressure (BP) of160/110 mmHg and urinalysis revealed 3+ of proteinuria. On abdominal palpation, a single fetus in cephalic presentation is found with a normal fetal heart rate heard. Per vaginal examination confirmed 8cm cervical dilatation with adequate pelvis..

- 4.1 Identify six (6) other possible signs and symptoms which may present in the patient referred to in the scenario.
- 4.2 Explain the principles of management of patient with eclampsia.
- 4.3 Describe the effects of pre-eclampsia and eclampsia under the following headings
- 4.3.1 The effects on the mother (8)
- 4.3.2 The effects on the fetus. (4)
- *[25]

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QUESTION 5

5.1 Discuss puerperal pyrexia under the following heading

5.1.1 Definition. (1)

5.1.2 The twelve (12) associated risk factors. (12x1½)=(6)

5.1.3. The general management (8)

5.2 Distinguish between the clinical manifestations of the following breastfeeding complications.

5.2.1 Engorged breasts: (5)

5.2.2 Mastitis: (5)

***[25]**

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MODERATORS : 1. PROF AGW NOLTE File Number
2. DR R. PHALADI-DIGAMELA (SMU)

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SUPPLEMENTARY EXAMINATION JANUARY 2017

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QUESTION 1

Choose the correct answer to each of the following questions or statements related to vaginal haemorrhage during pregnancy.

NB: Write only the number and the correct letter, e.g. 2.3.11 e

- .
- 1.1 Antepartum haemorrhage is defined as..(1)Any bleeding between conception and delivery. (1)
- a) Any vaginal haemorrhage between 24 weeks gestation and delivery.
 - b) Any haemorrhage between 24 weeks gestation and the onset of labour.
 - c) Any haemorrhage during labour.
- 1.2 Antepartum haemorrhage is an important complication of pregnancy. (1)
- a) It may be due to cervical intra-epithelial neoplasia.
 - b) It is a common cause of iron deficiency anaemia..
 - c) The fetus may become anaemic.
 - d) Both mother and the fetus may die.
- 1.3 Antepartum hemorrhage with no fetal heart rate is usually caused by (1)
- a) Placenta praevia
 - b) Trichomona vaginalis.
 - c) Abruptio placentae.
 - d) Antepartum hemorrhage of unknown cause.
- 1.4 The following is an important sign of shock due to blood loss. (1)
- a) A fast pulse rate.
 - b) A low hemoglobin concentration.
 - c) Concentrated urine.
 - d) Pyrexia.
- 1.5 The rationale for performing vaginal speculum examination on a patient with antepartum hemorrhage is (1)
- a) To see how the cervix is dilated.
 - b) To exclude a placenta praevia before digital examination is done.
 - c) To exclude the local cause of the bleeding from the vagina or cervix.
 - d) To look for blood clot in the vagina.

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- 1.6 The most likely cause of a massive antepartum hemorrhage that threatens the mother's life is: (1)
- a) Abruptio placentae.
 - b) Rupture of the uterus.
 - c) Cervical carcinoma.
 - d) Placenta praevia.
- 1.7 One of the following is a finding on abdominal palpation that is suggestive of abruptio placentae. (1)
- a) Fetal movements are usually present.
 - b) The hemoglobin concentration is low.
 - c) The uterus is tonically contracted and tender.
 - d) The uterus is relaxed and the fetal parts are easily palpable
- 1.8 One of the following factors will place a patient at the highest risk of abruptio placentae. (1)
- a) A history of abruptio placentae in previous pregnancy.
 - b) Any of the hypertensive disorders of pregnancy.
 - c) Intrauterine growth restriction.
 - d) Cigarette smoking.
- 1.9 An intrauterine fetal death is diagnosed in patient with abruptio placentae. Identify the correct management action. (1)
- a) The fetus must be delivered by caesarean section.
 - b) A vaginal examination must not be done because the patient has had an antepartum haemorrhage.
 - c) A vaginal examination must be done to rupture the membranes followed by vaginal delivery.
 - d) Wait for spontaneous onset of labour.
- 1.10 Which of the following patient is at an increased risk of placenta praevia? (1)
- a) A patient who smokes.
 - b) A patient with intrauterine growth restriction.
 - c) A patient with multiple pregnancy
 - d) A patient with suffering from one of the hypertensive disorders of pregnancy.

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1.11 Discuss the role and responsibilities of midwives in abortion-related care. (6)

1.12 Pre-eclampsia is one of the hypertensive disorders of pregnancy

1.12.1 Identify women at risk of developing pre-eclampsia (8x½)=(4)

1.12.2 Describe the Pathophysiology of pre-clampsia (10)

***[30]**

QUESTION 2

2.1 Distinguish between the definitions of the following new-born infant according to classification on the basis of risk status. .

2.1.1. High-risk infant. (1)

2.1.2. Sick infant (1)

2.2 Identify new-born infants to be classified as high risk (8x½)=(4)

2.3. Identify the findings on assessment of the following clinical signs indicating the need for re-classification of an infant from a status of high risk to sick infant.

2.4.1. Skin colour (4x½)=(2)

2.4.2. Respiration (4x½)=(2)

2.4.3. Heart rate (2x½)=(1)

2.4 Describe supportive care for a sick preterm infant. (9)

***[20]**

QUESTION 3

A 22 years old patient Para 0 Gravida 1 at term is admitted in the labour ward at a local Maternity obstetric unit (MOU). The findings on abdominal examination revealed the fetal position as depicted in picture one (1). The first stage of labour progressed normally and is now in the transitional phase of labour. The cervix was fully dilated for an hour with high presenting part.

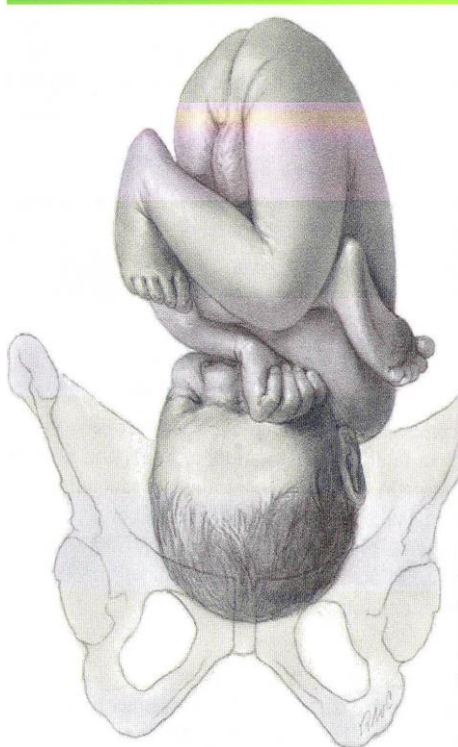
3.1. Identify the fetal position depicted in picture one (1). **(next page)** (1)

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- 3.2. Describe the findings on per vaginal examination confirming the fetal position identified in 3.1. (4)
- 3.2. Identify the factors favoring long anterior rotation of the fetal head. (4x½)=(2)



Picture 1 Fetal position

- 3.3. Describe the cardinal movement / mechanism of labour (8)
- 3.4. Describe the dangers of fetal position identified in 3.1 under the following:
- 3.4.1. On the mother (6)
- 3.4.2. To the new-born infant (4)

***[25]**

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QUESTION 4

Mrs. Grey, known to be HIV positive, went into labour at 38 weeks of gestation. Membranes were ruptured artificially when the cervix reached 4 cm dilatation. The first stage of labour failed to progress and caesarean section was done eight hours following the artificial rupture of membranes. Antiretroviral prophylaxis was not given. Both the mother and the baby were discharged on the 4th day post caesarean section. The mother's CD4 count result on discharge was 350 cells/ μ l and she was given some medications to take at home. Following counseling on feeding options, she chose formula feeding.

- 4.1. Explain the two (2) most probable health problems to which the Mrs Grey is predisposed to during Puerperium as a result of the care received during the intrapartum period. (4X½)=(2)
- 4.2. Discuss the Prevention of Mother to Child Transmission (PMTCT) during puerperium under the following headings:
 - 4.2.1. New born infant prophylaxis. (7)
 - 4.2.2. The care before discharge from the health facility (7)
- 4.3. Explain the implementation of the Acceptable, Feasible, Affordable, Sustainable and Safe (AFASS) criteria used to assist with new-born infant feeding choice made by Mrs. Grey. (5)
- 4.4. Identify eight (8) complications occurring during puerperium requiring a registered midwife to refer a postpartum patient to a medical practitioner. (8x½)=(4)

***[25]**

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